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DECORD							Application or Docket Number 10693666		Filing Date: 10/24/2003			☐ To be Mailed	
APPLICATION AS FILED PART I (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY													
FOR			NUMBER FILED		NUMBER EXT	RA		RATE (\$)	FEE (\$)		RATE	(\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A	4	N/A			N/A		1	N/A		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A			N/A			N/A		
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A		N/A			N/A			N/A		
TOTAL CLAIMS (37 CFR 1.16(i))			minus 20 =		•			X \$25 =		OR	x \$50 =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 =		*			X \$100 =			X \$200	=	
	PPLICATION SIZE 7 CFR 1.16(s))	FEE fee for the	If the specification and drawings exceed 100 sheets of paper, the application sifee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).										
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								+ \$180			+\$36	0	
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL			TOTA	Ļ	
	APPLI	CATION AS	AMEND	ED – PART	· II								
(Column 1) (Column 2) (Column 3)								SMALL ENTITY OR			OTHER THAN SMALL ENTITY		
AMENDMENT A	10/02/06	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS! PAID FOR	UMBER PRESE			RATE (\$)	ADDITIONAL FEE (\$)		RATE		ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	· 23	Minus	 23	= 0			X \$25 =		OR	X \$50=		0
	Independent (37 CFR 1.16(h))	• 4	Minus	** 4	= 0			X \$100 =		OR	X \$200	=	0
M	Application Size Fee (37 CFR 1.16(s))												
lacksquare	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						4			OR			
		•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE							
		3)											
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESEI			RATE (\$)	ADDITIONAL FEE (\$)		RATE ((\$)	ADDITIONAL FEE (\$)
	Total (37 CFR	*	Minus	**	=			X \$25 =		OR	X \$50 =	:	
	Independent (37 CFR 1.16(h))	*	Minus	**	=			X \$100 =		OR	X \$200	=	
M	Application Size Fee (37 CFR 1.16(s))												
<	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
CALCULATE							•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

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